

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024809

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 381

FILED JUL 12 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 0499		
2 0499		
3 2		
4 0		
5 1		
6		
7 0		
8 2		
9 161 X		
10		
11		
12 90-0		
13 2-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	MEDICAL CERTIFICATION
BY AFFIDAVIT OF	SHOULD READ	

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 75 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1727 Pearl Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BRYANT C. PALMER		4. DATE OF DEATH Month Day Year July 6, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/19/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific RR Co.	
11. BIRTHPLACE (City and state or country) Maitland, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James A. Palmer		13b. MOTHER'S MAIDEN NAME Linnie E. Swope	
14. NAME OF HUSBAND OR WIFE Elva Palmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Wife: Address Elva Palmer, 1727 Pearl Ave., Joplin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Larynx 5 months Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Joplin, Missouri		COUNTY STATE	
21. I attended the deceased from July 5, 1963 to July 6, 1963 and last saw him alive on July 5, 1963 Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Doyle Merriam	
22b. ADDRESS 2120 Jackson St. Joplin		22c. DATE SIGNED 7-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 9, 1963	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Joplin, Missouri	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 7-8-63	
26. REGISTRAR'S SIGNATURE Doyle Merriam			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert A. York

Licensed Embalmer No.

5193

P. O. Address

Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.